



2021 – 2022 North Shore Health Network (NSHN) Quality Improvement Plan (QIP)

Theme: Timely and Effective Transitions

INDICATOR	PERFORMANCE	TARGET	Q1	Q2	Q3	Q4	ANNUAL	ALIGNMENT	SOURCE	COMMENTS
1. Percent of patients discharged that have had discharge summaries dictated within 48 hours and delivered to primary care providers.	Combined sites 2019-20: 83.5% 2020-21: 99.5%	G =65-100% Y =40-64% R = 0-39%	60.9%	44.2%	68.5%	87.8%	65.4%	HQO Priority Indicator	Health Records Tableau report Results are being provided to COS for inclusion on MACs QI program.	Exploring a new process with HIS Manager and Chief of Staff (COS) to improve metric.
2. Percent of complaints acknowledged to the individual who made the complaint within 5 business days.	Combined sites 2019-20: 60.0% 2020-21 96.5%	G =80-100% Y = 50-79% R = 0-49%	100%	100%	100%	100%	100%	HQO Indicator	Clinical Manager Reporting/CNE	Pay for Performance New QRM for tracking concerns, complaints, and compliments- under development
3. Number of patients receiving physiotherapy services that live in the Western half of North Shore Health Networks catchment area.		Collecting baseline	5/30 17%	1/16 6%	4/29 14%	3/19 14%	13/94 13%	New Internal Indicator	Tableau/Manual tracking	100% of all out-patients brought on to caseload starting April 1'21 will be allocated to appropriate catchment area to establish baseline for need of outpatient physiotherapy services in Thessalon.
4. Percent of patients admitted with a progressive life-threatening illness / palliative care will be identified and assessed with the Palliative Performance Scale (PPS) at admission.		Collecting baseline	0% 0/9	11% 1/9	100% 2/2	83% 5/6	31% 8/26	HQO Priority Indicator	Meditech report to be developed / Hospice and Palliative Care Coordinator	Annual education on PPS completed in the Fall 2021 resulting in increased use of the PPS at admission.
5. The time interval between the disposition Date/Time as determined by the main service provider and the Date/Time the patient left the Emergency Department for admission to an in-patient bed.	Combined sites 2020-21: 1.55 hours	<10 Hours	1.63	1.68	1.62	1.36	1.57	HQO Mandatory Indicator	Tableau report	Pay for Performance



Theme: Service Excellence										
INDICATOR	PERFORMANCE	TARGET	Q1	Q2	Q3	Q4	ANNUAL	ALIGNMENT	SOURCE	COMMENTS
6. Determine the top 3 reasons for CTAS 2 & 3 patients who "left without being seen" that either signed an "against medical advice" form or received a follow up call.		Collecting baseline	(1) "long wait time"	(1) "long wait time"	(3) "long wait time"	(2) "long wait time" 1 "did not want treatment"	(7) "long wait time" (1) "did not want treatment"	New Internal Indicator	Data currently in Tableau report; manually track follow up call data and AMA form information	100% of CTAS 2&3 LWBS patients will provide a reason for leaving upon completion of the AMA form or via a phone call
7. Patient Experience: Percent of respondents who responded to the question "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?"	2019-20: BR: 95% TH: 90.3% 2020-21: 70.8% (BR only*)	G =80-100% Y =50-79% R =0-49%	71%	74%	85%	89%	79%	HQO Priority Indicator	Inpatient Manager Discharge Follow-Up Calls, tracked in QRM audit	Acute Care Blind River Site. *Thessalon Acute Care unit is non-operational this fiscal year.
8. Patient Experience: Percent of respondents who would respond positively to the question "Would you recommend this hospital to family and friends?"	2019-20: BR: 93% TH: 100% 2020-21: 83.5% (BR only*)	G =85-100% Y =50-84% R = 0-49%	90%	94%	91%	100%	94%	HQO Indicator	Inpatient Manager Discharge Follow-Up Calls, tracked in QRM audit	Acute Care Blind River Site. *Thessalon Acute Care unit is non-operational this fiscal year.
9. Resident Experience: Percent of residents responding positively to the question "Do the staff listen to you?"	2020-21: 78.9%*	≥80%	80.0%					HQO Priority Indicator	LTC Manager Annual Survey	*2020 Question: "Rate how well staff listen to you." 2021 Question updated.
10. Resident Experience: Percent of residents responding positively to the question "Are you comfortable sharing your concerns or complaints?"	2020 -21: 89.4%*	≥89%	80.0%					HQO Priority Indicator	LTC Manager Annual Survey	*2020 Question: "You can express your opinion without fear of consequences." 2021 Question updated.



INDICATOR	PERFORMANCE	TARGET	ANNUAL					ALIGNMENT	SOURCE	COMMENTS
11. Resident Experience: Percent of residents who responded positively to the question “Do you like how the food tastes?” and “Are you happy with the variety of the food served?”.	2020-21: Taste: 65.74%* Variety: 73.69%*	≥80%	Taste: 79.2% Variety: 83.3%					Internal Indicator Dietitians of Canada	LTC Manager Annual Survey	Audits for use of standardized recipes, meal taste, nourishments, temperature. Meet with Resident & Family Councils for menu review & input. * 2020 Question: “Taste of food.” and “Variety of foods served.” 2021 Questions updated.
12. Percent compliance to Ministry and Long-Term Care (MOLTC) guidelines using MOLTC tool for menu review.	2020-21: 64% (14/22)	MOLTC target: 100% (22/22)	82% (18/22)					Ministry of LTC and Fixing LTC Act 2021	Registered Dietitian complete review using MOLTC tool for menu.	Standardized recipes / production sheets was not noted in previous report but is compliant - the final score has been updated. Four non-compliance items: Standard portion sizes and serving utensils. 2. Menu substitutions are of comparable nutritional value. 3. Includes 3 beverage passes per day. 4. Menu / recipes to be updated by Food Service Manager for Registered Dietitian to complete nutrient analysis of menu.
Theme: Safe and Effective Care										
INDICATOR	PERFORMANCE	TARGET	Q1	Q2	Q3	Q4	ANNUAL	ALIGNMENT	SOURCE	COMMENTS
13. Number of patients receiving treatment in the Emergency Department that do not require physician assessment.		Collecting baseline	216 / 1,608 13.4%	224 / 2,260 9.9%	193 / 3,874 4.9%	217 / 3,318 6.5%	425 / 11,093 7.7%	New Internal Indicator	Meditech; manually collected data	Determine need for an outpatient ambulatory care clinic space. Blind River ED patients that could be treated outside the ED.



INDICATOR	PERFORMANCE	TARGET	Q1	Q2	Q3	Q4	ANNUAL	ALIGNMENT	SOURCE	COMMENTS
14. Percent of unscheduled repeat Emergency Department visits within 30 days following an emergency visit for a mental health condition.	Combined sites 2019-20: 20.6 % 2020-21: 12.6%	<15%	13.9%	11.6%	14.5%	23.6%	17.0%	HQO Priority Indicator	Health Records Tableau Report	
15. Percent of CTAS 2 and 3 patients who “left without being seen”.	Combined sites 2019-20: 5.8% 2020-21: 8.7%	G= <6.5 Y= 6.6-12% R= >12.1%	9.09%	0.46%	0.46%	0.63%	2.66%	East Algoma OHT focus	Health Records Tableau Report	
16. Percent of vital signs documented by nursing staff before 10:00 a.m. on admitted acute care patients.		Collecting baseline	97%	96%	97%	98%	97%	New Internal Indicator	Pulled from Meditech	Blind River site goal >80%
17. Percent of patients who are receiving vancomycin whom have a signed Vancomycin Order Set in their chart.		Collecting baseline ISMP target: 100%.	63%	100%	75%	100%	85%	New Internal Indicator	Pharmacy Chart Audit - Quarterly	QRM launched to improve data collection.
18. Percent of discharged patients for whom a Best Possible Medication Discharge Plan was made.		Collecting baseline >93%	100%	100%	100%	100%	100%	HQO Priority Indicator	Quarterly Pharmacy Chart Audit QRM	Pay for Performance Exclusions: Hospital discharge that is death, newborn or stillborn.
Theme: Quality Risk Management (QRM) – Safety Reports										
INDICATOR	PERFORMANCE	TARGET	Q1	Q2	Q3	Q4	ANNUAL	ALIGNMENT	SOURCE	COMMENTS
19. Number of workplace violence incidents.	2019-20: 58 2020-21: 11		5	1	3	2	11	HQO Mandatory Indicator	Occupational Health Report	QRM Workplace Violence reporting tool we expect the number of reported instances to increase.
20. Percentage of workers who perform hand hygiene after leaving the patient room.	Combined sites 2020-21: 84%	>90%	95%	94%	96%	100%	96%	HQO Indicator	Occupational Health Report	
21. Rate of medication errors.	2020-21: 3.4	Canadian Rate: 7.5	8.2	7.8	8.4	4.3	7.1	Internal Indicator	Pharmacy Reported QRM Surge Report	Medication Error reporting tool (QRM) under development.